UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

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OMB APPROVAL

OMB Number: 3235-0076 Expires: March 15, 2009 Estimated average burden hours per form.....4.0

SEC USE ONLY						
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Name of Offering (Check if this is an a						
Sale and issuance of Series D-1 Prefer	ed Stock and Common Stock issu	uable upon conversion	thereof			
Filing Under (Check box(es) that apply):	☐ Rule 504	☐ Rule 505	Rule 50)6 C	Section 4(6)	□ UZBE Iviai
Type of Filing:	·	New Filing .		X A	Amendment	うらい
	A. BASIC	IDENTIFICATION D	ATA			FED
1. Enter the information requested abo	ut the issuer					15003
Name of Issuer (□ check if this is an am	endment and name has changed, ar	nd indicate change.)				Manh
Branders.com, Inc.						voasiiingtoi
Address of Executive Offices	(Number and Stree	t, City, State, Zip Code)	Telephone Nu	umber (Incli	uding Area Code)	177
1850 Gateway Blvd., Suite 400, San M	ateo, CA 94404		(650) 292-27	52		
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Z	Zip Code)	Telephone Nu	umber (Incl	uding Area Code)	
Brief Description of Business Promotional Supply Services						
Type of Business Organization		ROCESSEL) (/			
□ corporation	☐ limited partnership, already f	ormed \	/ / i	⊏	09002	721
☐ business trust	☐ limited partnership, to be for	™REB 1 1 2009	MI			
Actual or Estimated Date of Incorporatio	n or Organization:	OMASON REUTE	1.05	⊠ Act	ual 🗆	Estimated
Jurisdiction of Incorporation or Organiza	tion: (Enter two-letter U.S. Post CN for Canada; FN for oth		for State:		DI	2

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Capies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	E Executive Officer	☑ Director	General and/or Managing Partner							
Full Name (Las	Full Name (Last name first, if individual)											
McLaughlin, Gerald T. Business or Residence Address (Number and Street, City, State, Zip Code)												
	sidence Address (Number and way Blvd., Suite 400, San Ma											
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	E Director	☐ General and/or Managing Partner							
Full Name (Last name first, if individual) Drysdale, George												
	idence Address (Number and											
			Pasco de Roxas, Makati City,									
Check Boxes that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner							
Full Name (Las	t name first, if individual)											
Kim, Brendon			_ ,									
	sidence Address (Number and Sures, 2882 Sand Hill Road, Su	Street, City, State, Zip Code) uite 100, Menlo Park, CA 940	25									
Check Boxes that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner							
Lillie, John M												
	sidence Address (Number and leanners, Atherton, CA 94027	Street, City, State, Zip Code)										
Check Boxes that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner							
Full Name (Las Valenti, Doug	t name first, if individual)											
	idence Address (Number and S	Street, City, State, Zip Code) , 8th Floor, Foster City, CA 9)4404									
Check Boxes that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner							
Full Name (Las	t name first, if individual)											
	idence Address (Number and Road, Suite 100, Menlo Par		· · · · · · · · · · · · · · · · · · ·									
Check Boxes that Apply:	Promoter	☑ Beneficial Owner	☐ Executive Officer	CI Director	General and/or Managing Partner							
Full Name (Las ABS Ventures	t name first, if individual) and affiliates											
	sidence Address (Number and Suite 2150, Baltimore, MD											
Check Box(es) that Apply:	Promoter	■ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner							
•	t name first, if individual) Ly Investment Management a	ind affiliates										
	-	nber and Street, City, Sta	te, Zip Code)									
2420 Sand Hill	Road, Suite 200, Menlo Par	k, CA 94025										

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

				1								
Check Box(es) that	Promoter	■ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner							
Apply:												
•	Full Name (Last name first, if individual)											
Menlo Ventures and affiliates												
Business or Residence Address (Number and Street, City, State, Zip Code) 3000 Sand Hill Road, Bldg. 4, Suite 100, Menlo Park, CA 94025												
Check	Promoter	Beneficial Owner	☐ Executive Officer	[] Director	☐ General and/or							
Box(es) that Apply:					Managing Partner							
Full Name (Last name first, if individual) Venture Strategy Partners and affiliates												
Business or Res	idence Address (Number and	Street, City, State, Zip Code)										
201 Post Street	, Suite 1100, San Francisco,	CA 94108, Attn: Joanna Rees										
Check Boxes that Apply:	☐ Promoter	☐ Beneficial Owner	⊠ Executive Officer	C] Director	General and/or Managing Partner							
Full Name (Las	name first, if individual)	· · · · · · · · · · · · · · · · · · ·										
Pangrazio, Vin		•										
Business or Res	idence Address (Number and	Street, City, State, Zip Code)			•							
c/o Cooley Goo	lward Kronish LLP, 3175 H	anover Street, Palo Alto, CA	94304									
Check Boxes that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner							
Full Name (Las	Full Name (Last name first, if individual)											
Business or Res	idence Address (Number and	Street, City, State, Zip Code)										
Check Boxes that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner							
Full Name (Las	t name first, if individual)											
Business or Res	idence Address (Number and	Street, City, State, Zip Code)	-		•							
Check Boxes that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner							
Full Name (Las	t name first, if individual)	··-·										
Business or Res	idence Address (Number and	Street, City, State, Zip Code)										
Check Boxes that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner							
Full Name (Las	t name first, if individual)		-									
Business or Residence Address (Number and Street, City, State, Zip Code)												
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner							
Full Name (Las	t name first, if individual)											
Business or	Residence Address (Nu	mber and Street, City, Stat	e, Zip Code)									

					В.	INFORM	ATION AB	OUT OFFE	RING				
1.	Has the iss	suer sold, or	does the issue	er intend to					under ULOE			Yes No	>_ <u>X</u>
2.	2. What is the minimum investment that will be accepted from any individual?										'A		
3.	Does the o	offering pen	mit joint owne	rship of a si	ngle unit?				*******************************	***************************************		Yes X No	·
4.													
Full	Full Name (Last name first, if individual)												
Bus	iness or Res	sidence Ado	Iress (Number	and Street,	City, State,	Zip Code)					_	_	
Nan	ne of Assoc	iated Broke	r or Dealer						<u> </u>				
			ited Has Solici										
IAL		[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	ĮIDJ
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Full	Name (Las	t name first	, if individual)									
Bus	iness or Re	sidence Ado	iress (Number	and Street,	City, State,	Zip Code)							
Nan	ne of Assoc	iated Broke	r or Dealer					-				,	
Stat	es in Which	Person Lis	sted Has Solici	ited or Inten	ds to Solici	t Purchasers		•			·		
(Ch	eck "All Sta	ates" or che	ck individual:	States)			······	,					
JAL	1	[AK]	[AZ]	[AR]	[CA]	ICOI	[CT]	[DE]	[DC]	(FL)	[GA]	[HI]	[ID]
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Full	Name (Las	name first	ı, if individual)									
Bus	iness or Re	sidence Add	dress (Number	and Street,	City, State,	, Zip Code)	<u>-</u>					— —	
Nan	ne of Assoc	iated Broke	er or Dealer				<u> </u>	<u>-</u>		-			
Stat	tes in Whicl	h Person Lis	sted Has Solic	ited or Inten	ds to Solici	t Purchasers			<u></u> .	-	***	<u>. </u>	
			ck individual								***!****************	*****	
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Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Amount Already Type of Security Aggregate Sold Offering Price Debt 3,000,000.05 Equity \$3,500,046.80 ▶ Preferred Common Convertible Securities (including warrants)..... Partnership Interests Other (Specify _____) 0 \$3,500,046.80 3,000,000.05 Total..... Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Number Aggregate Investors Dollar Amount of Purchases 3,000,000.05 Accredited Investors Non-accredited Investors Total (for filings under Rule 504 only)..... Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Dollar Amount Type of Security Sold Type of Offering Rule 505..... N/A Regulation A N/A N/A Rule 504..... N/A Total..... a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs × 20,000.00 Legal Fees Accounting Fees Engineering Fees..... Sales Commissions (specify finders' fees separately)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Other Expenses (Identify)

Total

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20,000.00

·			
C. OFFERING PRICE, NUMBER OF I	NVESTORS, EXPENSES AND	USE OF PROCEEDS	•
 Enter the difference between the aggregate offering price given in response to Part C – Question 4.a. This difference is the "adjusted 	esponse to Part C - Question 1 and 1 gross proceeds to the issuer"	d total expenses furnished	≥ \$3,480,046.80
 Indicate below the amount of the adjusted gross proceeds to the issuer u If the amount for any purpose is not known, furnish an estimate and o payments listed must equal the adjusted gross proceeds to the issuer set f 	check the box to the left of the	estimate. The total of the	
payment in the second s	•	Payment to Officers,	Payment To
		Directors, & Affiliates	Others
Salaries and fees	***************************************	□ \$ 0	□ \$ <u>0</u>
Purchase of real estate		□ s <u> </u>	□ so
Purchase, rental or leasing and installation of machinery and equipment	***************************************	□ s <u> </u>	□ s <u>o</u>
Construction or leasing of plant buildings and facilities		[] <u>\$</u> 0	□ \$ 0
Acquisition of other businesses (including the value of securities involved in in exchange for the assets or securities of another issuer pursuant to a merger)	this offering that may be used	[] so	□ s0
Repayment of indebtedness		□ s <u>0</u>	□ s <u> </u>
Working capital		[] s0	▼ \$3,480,046.80
Other (specify):	<u></u>	[] s o	□ so
Column Totals			× \$ \$3,480,046.80
Total Payments Listed (column totals added)		₭ \$ \$:	
Total Laymon's Listed (column totals added)		<u>ea 3</u> 3.	5,400,040.80
			· · · · ·
	ERAL SIGNATURE		
The issuer had duly caused this notice to be signed by the undersigned duly a an undertaking by the issuer to furnish to the U.S. Securities and Exchange Conn-accredited investor pursuant to paragraph (b)(2) of Rule 502.	authorized person. If this notice Commission, upon written reques	is filed under Rule 505, the tof its staff, the information	i furnished by the issuer to any
Issuer (Print or Type)	Signame		Date
Branders.com, Inc.	TTT		January 30, 2009
Name of Signer (Print or Type)	Title of Shaper (Print of Type)		
Vincent Pangrazio	Secretary		

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

